



STATE OF MICHIGAN
TERRI LYNN LAND, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

February 17, 2005

**REIMBURSEMENT FOR COSTS RELATED TO
THE CONDUCT OF SCHOOL ELECTIONS**

-- Claim Form --

Instructions

- Use this form or a similar form of your own design to claim reimbursement for the conduct of a school district's election.
- If the school district's election was held in conjunction with a state, federal, county, city or township election, the school district is responsible for any added costs attributable to the conduct of the school district's election. If the school district's election was not held in conjunction with a state, federal, county, city or township election, the school district is responsible for 100% of the costs attributable to the conduct of the school district's election.
- To claim reimbursement, you must submit this form (or any similar form of your own design) to the school board no later than the 84th day after the date of the election. The school board must pay or disapprove all or a portion of the claimed expenses within 84 days after the board's receipt of the form.
- Copies of any related receipts must be submitted with your claim for reimbursement.

-- EXPENSE CLAIMS --

I. BALLOTS: Itemize as shown below.

	<i>Quantity</i>	<i>Cost</i>
Paper Ballots:	_____	_____
AVM voting machine strips:	_____	_____
Shoup voting machine strips:	_____	_____
MicroVote ballot labels:	_____	_____
Punch card voting device ballot booklets:	_____	_____

Punch card or optical scan absent
voter instruction ballots:

Punch card or optical scan ballot cards
(containing voting position numbers only):

AccuVote optical scan ballots:

Optech optical scan ballots:

M-100 optical scan ballots:

Other _____:
(please specify)

Total \$ _____

- II. SUPPLIES:** List supplies used in conducting election (examples: statement sheets, poll books, precinct kits, etc.). The cost of reusable supplies is not reimbursable (examples: ballot containers, ballot bags, etc.).

Total \$ _____

- III. PRECINCT INSPECTORS:** Itemize as shown below. Include absent voter counting boards, receiving boards and certifying boards if applicable.

Number of inspectors:

Regular rate of pay:

Premium rate of pay for chairpersons (if
applicable):

Number of precincts:

Total \$ _____

IV. TEMPORARY EMPLOYEES: List number, function, cost, length of employment.

Total \$ _____

V. ELECTION OVERTIME OR EXTRA COMPENSATION PAID TO REGULAR EMPLOYEES OR OFFICIALS: List number, hours worked, rate.

Total \$ _____

VI. POSTAGE: Itemize as shown below.

	<i>Quantity</i>	<i>Cost</i>
Absent voter ballot applications:	_____	_____
Absent voter ballots:	_____	_____
Inspector credentials:	_____	_____
Other (specify): _____	_____	_____

Total \$ _____

VII. VOTING/TABULATION EQUIPMENT COSTS: Itemize costs and type of equipment. Pre-election setup and post-election disassembly costs are reimbursable. Vehicle costs associated with the transportation of voting equipment other than gasoline or mileage are not reimbursable if vehicles are owned by jurisdiction. If vehicles are not owned by jurisdiction, rental charges may be claimed.

Total \$_____

VIII. POLLING PLACE RENTAL: Itemize location, number of precincts contained, cost.

Total \$_____

IX. JANITORIAL SERVICE: Itemize number of precincts, cost.

Total \$_____

X. PUBLICATIONS: Itemize, i.e., registration notice, election notice.

Total \$_____

XI. MISCELLANEOUS: All claimed items must be listed. May be used for costs related to computer programs for tabulating ballots, etc.

Total \$_____

XII. BOARD OF CANVASSERS: Itemize number of meetings, cost, etc., relating to canvassing the returns

Total \$_____

REIMBURSABLE COSTS CLAIMED:

GRAND TOTAL \$

CERTIFICATION

I hereby certify that the costs listed in this claim are proper charges for conducting the

	on behalf of	
(Date of Election)		(Name of Local School District, Intermediate School District or Community College District)

Name of County, City or Township: _____

Signature of County, City or Township Clerk: _____

Printed name: _____

Phone number: _____ Date: _____